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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/077,898	02/20/2002	Osamu Hirabayashi	005405.00005	3064

TITLE OF INVENTION: SEMICONDUCTOR MEMORY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/23/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BONZO, BRYCE P	2114	714-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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Kabushiki Kaisha Toshiba

Minato-ku, Tokyo, Japan

06/23/2005 MBEYENE2 00000227 190733 10077898
COUNTRY)
01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 21.00 DA

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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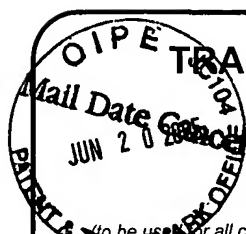
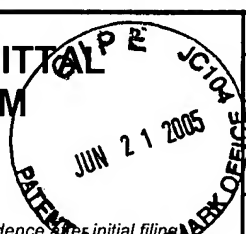
Date June 21, 2005

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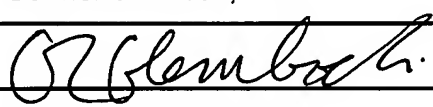
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 	Application Number	10/077,898	
	Filing Date	February 20, 2002	
	First Named Inventor	Osamu Hirabayashi	
	Art Unit	2114	
	Examiner Name	Bonzo, Bryce P.	
Total Number of Pages in This Submission	2	Attorney Docket Number	005405.00005

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTOL-85 Fee Transmittal Form
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

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Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Christopher R. Glembocki		
Date	June 21, 2005	Reg. No.	38,800

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